



Complete Summary

TITLE

Preventive care and screening: percentage of patients aged 18 years and older who were screened for unhealthy alcohol use at least once during the two-year measurement period using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user.

SOURCE(S)

Physician Consortium for Performance Improvement® (PCPI). Preventive care & screening physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Sep. 34 p. [8 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older who were screened for unhealthy alcohol use at least once during the two-year measurement period using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user.

RATIONALE

Brief counseling interventions for unhealthy alcohol use have shown to be effective in reducing alcohol use.

The following evidence statements are quoted verbatim from the referenced clinical guidelines:

The U.S. Preventive Services Task Force (USPSTF) strongly recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings. (USPSTF, 2004)

During new patient encounters and at least annually, patients in general and mental healthcare settings should be screened for at-risk drinking, alcohol use problems and illnesses, and any tobacco use. (National Quality Forum [NQF], 2007)

All patients identified with alcohol use in excess of National Institute on Alcohol Abuse and Alcoholism guidelines and/or any tobacco use should receive brief motivational counseling intervention by a healthcare worker trained in this technique. (NQF, 2007)

PRIMARY CLINICAL COMPONENT

Unhealthy alcohol use; screening; counseling

DENOMINATOR DESCRIPTION

All patients aged 18 years and older who were seen twice for any visits or who had at least one preventive care visit during the two-year measurement period (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who were screened for unhealthy alcohol use at least once during the two-year measurement period using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A systematic review of the clinical literature
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Screening and behavioral counseling interventions in primary care to reduce alcohol misuse: recommendation statement.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Asch SM, Kerr EA, Keeseey J, Adams JL, Setodji CM, Malik S, McGlynn EA. Who is at greatest risk for receiving poor-quality health care. N Engl J Med 2006 Mar 16;354(11):1147-56. [32 references] [PubMed](#)

Physician Consortium for Performance Improvement® (PCPI). Preventive care & screening physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Sep. 34 p. [8 references]

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age 18 years and older

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

The 2006 National Survey on Drug Use and Health reports that:

- Approximately half (50.9%; 125 million persons) of Americans age 12 years and older reported being current drinkers of alcohol
- 23% (57 million) persons age 12 years and older participated in binge drinking
- Heavy drinking was reported by 6.9% (17 million) persons age 12 years and older

In 2001, excessive alcohol use was responsible for 75,000 preventable deaths and 2.3 million years of potential life lost.

EVIDENCE FOR INCIDENCE/PREVALENCE

Centers for Disease Control and Prevention (CDC). Alcohol-attributable deaths and years of potential life lost--United States, 2001. MMWR Morb Mortal Wkly Rep 2004 Sep 24;53(37):866-70. [PubMed](#)

Substance Abuse and Mental Health Services Administration (SAMHSA). Results from the 2006 National Survey on Drug Use and Health: National Findings [Office of Applied Studies, NSDUH Series H-32, DHHS Publication No. SMA 07-4293]. Rockville (MD): Substance Abuse and Mental Health Services Administration (SAMHSA); 2007. 282 p.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Incidence/Prevalence" field.

UTILIZATION

Unspecified

COSTS

Economic costs associated with alcohol abuse are estimated to have been \$184.6 billion in 1998. This represents a 25% increase over the previous estimate of \$148 billion in 1992.

EVIDENCE FOR COSTS

Physician Consortium for Performance Improvement® (PCPI). Preventive care & screening physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Sep. 34 p. [8 references]

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older who were seen twice for any visits or who had at least one preventive care visit during the two-year measurement period

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 18 years and older who were seen twice for any visits or who had at least one preventive care visit during the two-year measurement period

Note: Refer to the original measure documentation for administrative codes.

Exclusions

Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy)

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who were screened for unhealthy alcohol use* at least once during the two-year measurement period using a systematic screening method** AND who received brief counseling*** if identified as an unhealthy alcohol user

*Unhealthy alcohol use covers a spectrum that is associated with varying degrees of risk to health. Categories representing unhealthy alcohol use include risky use, problem drinking, harmful use, and alcohol abuse, and the less common but more severe alcoholism and alcohol dependence. Risky use is defined as greater than 7 standard drinks per week or greater than 3 drinks per occasion for women and persons greater than 65 years of age; greater than 14 standard drinks per week or greater than 4 drinks per occasion for men less than or equal to 65 years of age.

**A systematic method of assessing for unhealthy alcohol use should be utilized. Refer to the original measure documentation for additional information.

***Brief counseling (5-15 minutes) may include: feedback on alcohol use and harms; identification of high risk situations for drinking and coping strategies; increased motivation and the development of a personal plan to reduce drinking.

Note: Refer to the original measure documentation for administrative codes.

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

Measure #3: unhealthy alcohol use: screening & brief counseling.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Preventive Care and Screening Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement®

DEVELOPER

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2008 Sep

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Physician Consortium for Performance Improvement® (PCPI). Preventive care & screening physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Sep. 34 p. [8 references]

MEASURE AVAILABILITY

The individual measure, "Measure #3: Unhealthy Alcohol Use: Screening & Brief Counseling," is published in the "Preventive Care & Screening Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on February 13, 2009. The information was verified by the measure developer on March 25, 2009.

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